FILED

CHARLOTTE, NC

# UNITED STATES DISTRICT COURT

for the

APR 23 2025

WESTERN District of A KXANDER

US DISTRICT COURT WESTERN DISTRICT OF NC

ROWANDivision

|  | Case No.    | 5:25-cv-63-GM                           |
|--|-------------|---|
| Gromoka CARMichael   |             | (to be filled in by the Clerk's Office) |
| Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | )<br>)<br>) |   |
| -V-  | )           |   |
|  | )           |   |
| 7.01 0 0 1/100   | )           |   |
| 1ASA A GANYATER  | )           |   |
| Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page   | )<br>)      |   |
| with the full list of names. Do not include addresses here.)   |             |   |

#### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

# I. The Parties to This Complaint

# A. The Plaintiff(s)

В.

| Provide the information below for eaneeded.  | ch plaintiff named in the co   | omplaint. Attach  | additional pages if   |
|--|--|---|---|
| Name   | Gromoka CAR  | michael   |   |
| All other names by which   |  |   |   |
| you have been known:   | pookie   |   |   |
| ID Number  | 1702172  |   |   |
| Current Institution  | Alexander Co   | rrectional  | Institution)  |
| Address  | 633 OIDIANARII   |   |   |
|  | TOULDEN! HE  | NC  | 29681   |
|  | City   | State   | Zip Code  |
| The Defendant(s)   |  |   |   |
| Provide the information below for ear individual, a government agency, and listed below are identical to those corthe person's job or title (if known) and individual capacity or official capacit | organization, or a corporation<br>tained in the above caption<br>check whether you are bring | on. Make sure th<br>n. For an individu<br>ging this complai | nat the defendant(s) all defendant, include int against them in their |
| Defendant No. 1  |  |   |   |
| Name   | TASHA GAN  | Thier   |   |
| Job or Title (if known)  |  | , , ,   |   |
| Shield Number  |  |   |   |
| Employer   | Alexander correct  | ctional In  | stitution   |
| Address  | 633012/ANDGI   | 100   |   |
|  | TANIOSVILLE  | NC  | 28%81   |
|  | City   | State   | Zip Code  |
|  | Individual capacity  | Official cap  | acity   |
|  |  |   |   |
| Defendant No. 2  |  |   |   |
| Name   | Desmond Dinking  | 5   |   |
| Job or Title (if known)  | Des  |   |   |
| Shield Number  |  |   |   |
| Employer   | Alexander curre  | ctions 1 I  | refitution)   |
| Address  | 1033 old land 6:11   | 1 Rd  |   |
|  | TANIORSVILLE   | ale   | 18985   |
| •  | City   | State   | Zip Code  |
|  | Individual capacity  | Official capa   | acity   |

| Pro Se 1 | 4 (Rev. 12/            | 16) Complaint for Violation of Civil Rights (Prisoner  | ·)  |   |
|----------|------------------------|--|---|---|
|          |                        | Defendant No. 3  Name  Job or Title (if known)  Shield Number  Employer  Address   |   | State Zip Code  |
|          |                        |  | City  |   |
|          |                        |  | Individual capacity   | Official capacity   |
|          |                        | Defendant No. 4  Name  Job or Title (if known)  Shield Number  |   |   |
|          |                        | Employer   |   |   |
|          |                        | Address  |   |   |
|          |                        |  | City  Individual capacity                                     | State Zip Code  Official capacity   |
| П.       | Basis                  | for Jurisdiction   |   |   |
|          | immur<br><i>Federd</i> | 42 U.S.C. § 1983, you may sue state on the secured by the Constitution and [al Bureau of Narcotics, 403 U.S. 388 (autional rights.  Are you bringing suit against (check a | federal laws]." Under <i>Bive</i> 1971), you may sue federal  | ens v. Six Unknown Named Agents of  |
|          |                        | Federal officials (a Bivens claim  | 1)  |   |
|          |                        | State or local officials (a § 1983   |   |   |
|          | В.                     | the Constitution and [federal laws]."  | 42 U.S.C. § 1983. If you                                      | hts, privileges, or immunities secured by are suing under section 1983, what eing violated by state or local officials? |
|          |                        | Federal and State for  | Sexual Assault  |   |
|          | C.                     | Plaintiffs suing under <i>Bivens</i> may on are suing under <i>Bivens</i> , what constitutions officials?  | ly recover for the violation<br>ational right(s) do you clain | of certain constitutional rights. If you is/are being violated by federal   |

| Pro Se | 14 (Rev. 12                    | 2/16) Complaint for Violation of Civil Rights (Prisoner)   |
|--------|--------------------------------|--|
|        |                                |  |
|        | D.                             | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.                                |
| III.   | Duine                          | Kentucky V. Graham, 473 WS 159, 169, 105 S Ct. 3099, 87 L. Ed. 2d 1140   |
| 111.   |                                |  |
|        | Indic                          | ate whether you are a prisoner or other confined person as follows (check all that apply):  Pretrial detainee  |
|        |                                | Civilly committed detainee   |
|        |                                | Immigration detainee   |
|        | 1                              | Convicted and sentenced state prisoner   |
|        |                                | Convicted and sentenced federal prisoner   |
|        | П                              | Other (explain)  |
| ~ .    | <u> </u>                       |  |
| īV.    | State a alleged further any ca | as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed. |
|        | A.                             | If the events giving rise to your claim arose outside an institution, describe where and when they arose.  |
|        | В.                             | Sedual ASSault on the fine my cell By Tosha Growthier.  If the events giving rise to your claim arose in an institution, describe where and when they arose.   |
|        |                                | Alexander Correctional Institution.  |

| C. | What date and approximate time | e did the events | giving rise to your | claim(s) occur? |
|----|--------------------------------|------------------|---------------------|-----------------|
|----|--------------------------------|------------------|---------------------|-----------------|

3-31-2025 7:00 Am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was Sexual Assault By Deamond Dinkins And Tasha Capathier.

Tylsha Saw the whole thing.

### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Send them to Sail for Sexual Assault

For being Setual assault By them.

\$ 5 million.

### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

| A. | Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  |
|----|---|
|    | Yes   |
|    | □ No  |
|    | If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). |
|    |   |
|    | Alexander Correctional Institution  |
| В. | Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?                                   |
|    | Yes   |
|    | □ No  |
|    | Do not know   |
| C. | Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?  |
|    | Yes   |
|    | □ No  |
|    | Do not know   |
|    | If yes, which claim(s)?   |
|    |   |
|    | Sexual ASSacrit   |

| D. | Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?   |
|----|---|
|    | Yes   |
|    | No No   |
|    | If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?   |
|    | Yes   |
|    | □ No  |
| Е. | If you did file a grievance:  |
|    | 1. Where did you file the grievance?  |
|    |   |
|    | Scottland correctional Institution  |
|    | 2. What did you claim in your grievance?  |
|    |   |
|    | Sexual assault.   |
|    | 3. What was the result, if any?   |
|    |   |
|    | Shill pending   |
|    | 4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) |
|    |   |
|    | h / / h   |
|    |   |

|       | F.                                  | If you did not file a grievance:  |
|-------|-------------------------------------|---|
|       |                                     | 1. If there are any reasons why you did not file a grievance, state them here:  |
|       |                                     |   |
|       |                                     |   |
|       |                                     | 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:  |
|       |                                     | Tylsha  |
|       | G.                                  | Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.   |
|       |                                     |   |
|       |                                     | (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)   |
| VIII. | Previous                            | s Lawsuits  |
|       | the filing<br>brought a<br>maliciou | ee strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying give if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, s, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent f serious physical injury." 28 U.S.C. § 1915(g). |
|       | To the be                           | est of your knowledge, have you had a case dismissed based on this "three strikes rule"?  |
|       | Yes                                 |   |
|       | No                                  |   |
|       | If yes, sta                         | ate which court dismissed your case, when this occurred, and attach a copy of the order if possible.  |
|       |                                     |   |

| A. | Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?  |
|----|---|
|    | Yes   |
|    | □ No  |
| В. | If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
|    | 1. Parties to the previous lawsuit  |
|    | Plaintiff(s) Gromoka CARMICLACI   |
|    | Defendant(s) Desmond Dinkins  |
|    | 2. Court (if federal court, name the district; if state court, name the county and State)   |
|    | mecklenburg county court  |
|    | 3. Docket or index number   |
|    | 4. Name of Judge assigned to your case  |
|    | 5. Approximate date of filing lawsuit   |
|    | 6. Is the case still pending?   |
|    | Yes   |
|    | No  |
|    | If no, give the approximate date of disposition.  |
|    | 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)   |
|    |   |
| C. | Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?  |

| Pro Se 14 (Rev. 12 | /16) Compl | aint for Violation of Civil Rights (Prisoner)   |
|--------------------|------------|---|
|                    | V          | Yes   |
|                    |            | No  |
|                    |            |   |
| D.                 |            | ar answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
|                    | 1. P       | arties to the previous lawsuit  |
|                    | P          | laintiff(s) Grunoka CARMichael  |
|                    | D          | Defendant(s) Desmond Denkins  |
|                    | 2. C       | ourt (if federal court, name the district; if state court, name the county and State)   |
|                    | _          |   |
|                    | 3. D       | ocket or index number   |
|                    | 4. N       | ame of Judge assigned to your case  |
|                    | 5. A       | pproximate date of filing lawsuit   |
|                    | 6. Is      | the case still pending?   |
|                    |            | Yes   |
|                    |            | No  |
|                    | If         | no, give the approximate date of disposition  |
|                    | 7. W in    | that was the result of the case? (For example: Was the case dismissed? Was judgment entered your favor? Was the case appealed?)   |
|                    |            |   |
|                    |            |   |
|                    |            |   |

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing:          |      |       |          |
|---------------------------|------|-------|----------|
| Signature of Plaintiff    |      |       |          |
| Printed Name of Plaintiff |      |       |          |
| Prison Identification #   |      |       |          |
| Prison Address            | L.   |       | `        |
|                           | City | State | Zip Code |
| For Attorneys             |      |       |          |
| Date of signing:          |      |       |          |
| Signature of Attorney     |      |       |          |
| Printed Name of Attorney  |      |       |          |
| Bar Number                |      |       |          |
| Name of Law Firm          |      |       |          |
| Address                   |      |       |          |
|                           |      |       |          |
|                           | City | State | Zip Code |
| Telephone Number          |      |       |          |
| E-mail Address            | -    |       |          |